



Name Change Request Form

Vocational Nurse <input type="checkbox"/> Applicant <input type="checkbox"/> Licensed		Psychiatric Technician <input type="checkbox"/> Applicant <input type="checkbox"/> Licensed	
Previous Name (Last) (First) (Middle)		*Social Security Number	
New Name (Last) (First) (Middle)		File or License Number (If Applicable)	
Birthdate (Month/Day/Year)		Telephone Number Business () _____ Home () _____ Area Code _____	
Additional Comments _____ _____ _____ _____ _____ _____ _____ _____			
PLEASE READ CAREFULLY BEFORE SIGNING. – I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. False statements included in this application can result in licensure denial. SIGNATURE: _____ DATE: _____			
* SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT – Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [(42 USCA (c)(2)(C))] authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. <u>If you fail to disclose your social security number, your application for initial or renewal license will not be processed</u> and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.			

**BOARD OF VOCATIONAL NURSING
AND PSYCHIATRIC TECHNICIANS**

2535 CAPITOL OAKS DRIVE, SUITE 205
SACRAMENTO, CALIFORNIA 95833-2945
TELEPHONE (916) 263-7800; FAX (916) 263-7855
INTERNET ADDRESS: <http://www.bvnpt.ca.gov>



Notice on Collection of Personal Information For Applicants and Licensees

Collection and Use of Personal Information. The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Section 30 (General Provisions); Business and Professions Code Division 2, Chapter 6.5, Articles 1 & 2 (Vocational Nursing Practice Act) and Chapter 10, Articles 1 & 2 (Psychiatric Technicians Law); and California Code of Regulations Title 16, Division 25, Chapter 1 (Vocational Nurses) and Chapter 2 (Psychiatric Technicians). The BVNPT uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Mandatory Submission. Submission of the requested information is mandatory. The BVNPT cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the BVNPT that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. The BVNPT makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Board of Vocational Nursing and Psychiatric Technicians, 2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833, (916) 263-7800 or email bvnpt@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 1625 North Market Blvd., Suite N 324, Sacramento, CA 95834, (866)785-9663 or email privacy@dca.ca.gov.